

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 323-0267



June 27, 1985

ALL-COUNTY LETTER NO. 85-70

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: ASSISTANCE CLAIMING INSTRUCTIONS FOR THE REFUGEE DEMONSTRATION PROJECT

REFERENCE: ALL COUNTY LETTERS 84-09; 84-67; 84-98; 85-17; 85-61; ACIN I-63-84

As you were advised in All-County Letter 85-61, effective July 1, 1985, California is implementing the Refugee Demonstration Project (RDP). The purpose of this letter is to provide those counties participating with assistance claiming instructions for the RDP.

The RDP is a three year project under which new refugee applicants having at least six months of time eligibility remaining and current refugees having at least twelve months of time eligibility remaining as of July 1, 1985, who would otherwise be federally eligible for Aid to Families with Dependent Children (AFDC) will be required to participate.

All cases where the principal earner or the relative caretaker is RDP eligible will be reported as an RDP case and funded separately from the AFDC program.

To secure enhanced federal reimbursement and meet the federal reporting requirements, the reporting of RDP expenditures must be separately identified from AFDC-Family Group/Unemployed (FG/U) expenditures. Each RDP reporting system (FG/U) must provide separate payrolls and separate summaries. Separate payroll summaries are required for those counties submitting an integrated computer payroll. Substantiating information to the payrolls must be submitted in accordance with Fiscal Handbook Section 25-750. Aid codes 77 (RDP-FG) and 78 (RDP-U) will be used for identifying cases aided under the RDP. These aid codes may not be substituted with county aid codes.

Assistance payments on behalf of time-eligible persons in RDP cases will be 100 percent federally funded. The nonfederal share of assistance payments on behalf of time-expired persons in RDP cases will continue to be funded at the 89.2/10.8 percent state/county rate.

The following forms will be used to claim reimbursement under the RDP:

1. Form CA 800 RDP, Summary Report of Assistance Expenditures Refugee Demonstration Project.
2. Form DFA 844 RDP, Additional Federal Funds Claimable Based on the Nonfederal Share of Expenditures for Refugee Demonstration Project Recipients.

An initial supply of the above summary documents will be sent to you under separate cover. Instructions for the use of each form are outlined on the reverse of the form. These forms are to be used effective with the claims for July 1985.

In addition to the above, the requirements set forth in All-County Letter 84-89, dated August 20, 1984 are applicable. On the RDP payroll, the date of entry (DOE) must be shown for each member of the assistance unit (AU) who is still time-eligible.

The Department of Health and Human Services (DHHS) has informed the State Department of Social Services (SDSS) that California is required to submit Form SSA 4972, Quarterly Report of Recoveries of Overpayments for the RDP. Therefore, in addition to submitting the SSA 4972 for AFDC, RDP counties must submit a separate SSA 4972 for RDP. The attached SSA 4972 is to be used for reporting the required data. Instructions for completing the SSA 4972 are located on the back of the form. Additional clarification for completing the SSA 4972 are contained in All-County Letter 84-09, dated January 17, 1984 and 84-67, dated July 9, 1984. We request that you duplicate the attached SSA 4972 for future use until the form is next revised.

The SSA 4972 (RDP) is due to SDSS by the twelfth working day following the end of the reporting quarter. The initial report is due by October 17, 1985.

The report should be submitted to:

State Department of Social Services
Statistical Services Branch
744 P Street, M.S. 12-81
Sacramento, CA 95814

If you have any questions regarding this letter or the forms, please contact Stephanie Davis at (916) 323-0267 or ATSS 473-0267.



ROBERT T. SERTICH
Deputy Director
Administration

Attachment

cc: CWDA

**SUMMARY REPORT
OF ASSISTANCE EXPENDITURES
REFUGEE DEMONSTRATION PROJECT (RDP)**☐ FAMILY GROUP (FG)☐ UNEMPLOYED (U)

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

FOR STATE USE

☐ DSS ☐ COUNTY WELFARE ☐ COUNTY AUDITOR

COUNTY

DATE (MONTH YEAR)

A. FEDERAL PERSONS COUNTS		B. NONFEDERAL PERSONS COUNTS		C. TOTAL AID	SOURCE DOCUMENTS
ADULTS	CHILDREN	ADULTS	CHILDREN		
					1. Main Payroll
					2. Current Month Supplemental Payroll
()	()	()	()	()	3. Current Month Cancellation Contra Roll
					4. Zero Grant
					5. Prior Months Supplemental Payroll
					6. Subtotal (reconciliation totals)
()	()	()	()	()	7. Prior Months Cancellation Contra Roll
()	()	()	()	()	8. Abatements
					9. Schedule of Adjustments (show minus items in parentheses)
					10. Subtotals (Lines 7, 8, 9)
					11. DSS Office Audit Corrections (for State Use Only)
					12. Total D.
		13. Total Federal Persons Col. A (Ad + Ch)			13. 12C minus 19A × 15A × .5
		14. Total Persons Col. A (Ad + Ch) + Col. B (Ad + Ch)			14. 19A × 15A × .5 E.
	%	15. Federal Ratio (13A ÷ 14A carry to 4 places)		15. 17A × \$1.00	
		16. Number of Assistance Units represented by 14A (total persons)		16. 18A × \$2.00	
		17. Federal AU's (16A × 15A, rounded to			

CA 800 (RDP) Back (2-85)

23. Lines 25C and F and 26B, C, D, E, F — Included at county request and use is optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

22. Line 23 and 24 — Reserved for the application of adjustments made by the state (Federal and/or State Field Audit Exceptions, etc.).

21. Line 22C, D, E and F — Enter grand totals.

INSTRUCTIONS FOR USE OF FORM CA 800 (RDP)

1. Enter county name and month and year of claim in space provided.
2. Complete Lines 1 through 5, and 7 through 9, in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll or contra roll.) All money amounts on this form may be rounded to the nearest dollar.
3. Enter the subtotals in Lines 6 and 10 and the totals in Lines 12, 14A.
4. Line 13A — Add Column A (total federal persons).
5. Line 14A — Add Column A (total federal persons) and Column B (total nonfederal persons).
6. Line 15A — Divide 13A (total federal persons) by 14A (total persons) to determine federal ratio.
7. Line 19A — Determine amount of immediate need not subject to state participation.

Federal and nonfederal AUs are computed as follows:

8. Line 16A — Enter the total Assistance Units (cases) from the CA 237 report.
9. Line 17A — Multiply 16A (total number of AUs) by 15A (federal ratio) to determine federal AUs.
10. Line 18A — Subtract 17A (total federal AUs) from 16A (total number of AUs) to determine nonfederal AUs.

Federal share is computed as follows:

11. Line 13D — Subtract 19A (immediate need payments not subject to state participation) from 12C (net total aid paid), then multiply by 15A (federal ratio) and by .5 to determine 50 percent federal share of total aid paid.
12. Line 14D — Multiply 19A (immediate need payments not subject to state participation) by 15A (federal ratio) and by .5 to determine 50 percent federal share of these payments.

State share is computed as follows:

13. Line 15E — Multiply 17A (total federal AUs) by \$1.00 (the state share of the \$2.00 grant increase effective 6/1/73 for federal AUs).
14. Line 16E — Multiply 18A (total nonfederal AUs) by \$2.00 (the state share of the \$2.00 grant increase effective 6/1/73 for nonfederal AUs).
15. Line 17E — Add 15E (state share of grant increase for federal AUs) and 16E (state share of grant increase for nonfederal AUs) to determine the total state share of the 6/1/73 increase.

Compute total federal, state, and county shares as follows:

16. Line 20D — Add Lines 13D (federal share of net total aid paid) and 14D (federal share of immediate need payments not subject to state participation) to determine total federal share.
17. Line 20E — Subtract Lines 19A (immediate need payments not subject to state participation), 13D (federal share of net total aid paid), and 17E (total state share of 6/1/73 increase) from Line 12C (net total aid paid), then multiply by 89.2 percent (state share of participation) to determine basic state share. (Total state share is shown in Line 22E.)
18. Line 20F — Subtract Lines 17E (total state share of 6/1/73 increase), 20D (total federal share), and 20E (basic state share) from Line 12C (total aid paid) to determine total county share.
19. Line 21C — Enter total repayments from Repayment Contra Rolls.
20. Line 21D, E, and F — Enter the federal, state, and county shares of repayments determined in accordance with ratio shown in MPP Section 25-570.2.

ADDITIONAL FEDERAL FUNDS CLAIMABLE BASED ON THE NONFEDERAL SHARE OF EXPENDITURES FOR REFUGEE DEMONSTRATION PROJECT RECIPIENTS (RDP)

☐ FAMILY GROUP
☐ UNEMPLOYED

NOTE: Complete in accordance with instructions from DSS.

COUNTY		DATE (MONTH/YEAR):
REFUGEE DEMONSTRATION PROJECT RECIPIENTS	EXPENDITURES	PERSONS COUNT

A.

1. Total for those cases which include one or more time eligible Refugee Demonstration Project Recipients.

\$ _____

B. FEDERAL	C. NONFEDERAL	D. TOTAL
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2. Federal Percentage (1B ÷ 1D) _____ %

3. Expenditures reported in Item 1 which were made in behalf of federally eligible persons. (Item 2 × 1A)

\$ _____

4. Nonfederal share of amount in Item 3. (3A × .5)

\$ _____

5. Expenditures reported in Item 1 which were made in behalf of nonfederal persons. (1A minus 3A)

\$ _____

6. Total nonfederal share of RDP expenditures in Item 1. (4A + 5A)

\$ _____

7. Time eligible percentage (7C ÷ 7B) _____ %

B. TOTAL (SAME AS 1D ABOVE)	C. TIME ELIGIBLE REFUGEE COUNT
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8. Additional federal funds claimable for time eligible Refugee Demonstration Project recipients. (Item 7 × 6A)

\$ _____

9. Total state share of additional federal funds claimable (Line 8) × 89.2%.

\$ _____

10. County share of additional federal funds claimable. (Line 8 minus Line 9)

\$ _____

CERTIFICATION

This is to certify that the above information is correct to the best of my knowledge and belief; and that payment for these expenditures has not been received. Records and accounts in support of this claim are available for review and audit.

SIGNATURE OF AGENCY OFFICIAL	TITLE	DATE
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INSTRUCTIONS FOR USE OF FORM DFA 844 RDP

Complete the following 10 items in accordance with data for all cases (AUs) which include one or more time eligible Refugee Demonstration Project recipients.

1. In Line 1A enter total expenditures; in 1B enter the federal persons count, in 1C enter the nonfederal persons count; and in 1D enter the total persons count.
2. Determine the federal percentage by dividing federal persons count by the total persons count. Enter the percentage in Line 2.
3. Multiply total expenditures reported in 1A by the federal percentage (Item 2) to determine the amount expended in behalf of federally eligible persons. Enter the amount in Line 3.
4. In Line 4 enter the nonfederal share of expenditures shown in Line 3 (Line 3 multiplied by 50%).
5. In Line 5 enter that portion of the expenditures in 1A made in behalf of nonfederal persons:
Subtract 3A (portion expended in behalf of federal persons) from 1A (total expended).
6. Determine the total nonfederal share by adding 4A and 5A. Enter the amount in Line 6.
7. In 7B enter the total persons count shown in Line 1, Column D. In 7C enter the time eligible persons count. Determine the time eligible percentage by dividing the time eligible person count by total persons count. Enter the percentage in the space provided in Line 7.
8. Enter the additional federal funds claimable for time eligible Refugee Demonstration Project recipients in Line 8: Multiply the nonfederal share of RDP expenditures (Item 6) by the percentage shown in Item 7.
9. Compute the state share of additional federal funds claimable by multiplying the total of: Line 8 by 89.2 percent. Enter the amount in Line 9.
10. Enter the county share of the additional federal funds claimable in Line 10. (Line 8 minus Line 9).

**QUARTERLY REPORT OF RECOVERIES
OF OVERPAYMENTS (REFUGEE DEMONSTRATION
PROJECT)**

NOTICE: This report is required by Section 402(a) of the Social Security Act. While completion is voluntary no grant may be awarded unless this statement is completed and filed.

RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS,
INCLUDING ZIP CODE)

PERIOD COVERED BY THIS REPORT

FROM (Month, Day, Year):

TO (Month, Day, Year):

ITEMS	CASES		AMOUNTS	
	CURRENT	FORMER	CURRENT	FORMER
1. Balance of overpayments at beginning of quarter.				
2. Overpayments identified during quarter.				
3. Reduction of assistance payments.				
4. Cash collections.				
5. Overpayments for which collection will not be pursued.				
6. Overpayments fully recovered.				
7. Balance at end of quarter.				
DATE	TITLE		SIGNATURE	

INSTRUCTIONS FOR COMPLETING FORM 4-4972
QUARTERLY REPORT OF RECOVERIES OF OVERPAYMENTS
REFUGEE DEMONSTRATION PROJECT

Case Count Collections. When the assistance payment is reduced or cash is collected more than once during the quarter, count the case only once for the purpose of this report.

d. Dollars

Current. This represents the dollars for the overpaid cases itemized in the current column. Include the total amount not just the Federal share.

Former. This represents the dollars for the overpaid cases entered in the former column. Include the total amount not just the Federal share.

B. DETAILED INSTRUCTIONS

Recipient organization—Enter the name and complete address, including the zip code, of the recipient organization for which the report is being prepared.

Period covered by this report—Enter the beginning and ending dates of the calendar quarter being reported upon.

Line 1. Enter the number of cases and dollars for overpayments that were identified prior to the quarter being reported upon. These balances should correspond with the figures on line 7 of the previous quarter's report.

Line 2. Enter the number of cases and dollars for overpayments identified during the quarter. Overpaid cases and amounts reported on this line may have been overpaid in prior quarters, the current quarter, or both. These cases will be cases not included in the count on line 1. Newly identified overpayments to cases included in the case count on line 1 will be included on Line 2.

Line 3. Enter the number of cases and dollars for which recovery was obtained through the reduction of RDP grants during the quarter.

Line 4. Enter the number of cases and dollars for which recovery was obtained through cash collections during the quarter. Cases for which collections were made during the quarter for both grant reduction and cash collection should be counted on line 3 and line 4.

Line 5. Enter the number of cases and dollars for former cases determined during the quarter to be uncollectible in accordance with State policies and/or law.

Line 6. Enter the number of cases for which overpayments have been fully recovered.

Line 7. Enter the balance of overpaid cases and dollars at the end of the quarter. The number of overpaid cases is computed by adding Line 1 and 2 and deducting Lines 5 and 6. The overpaid dollars are computed by adding Lines 1 and 2 and deducting 3, 4, and 5.

CERTIFICATION: Complete and sign the certification of the report. It should be signed by the Executive Officer of the State/jurisdiction agency or designated representative. Copies of the report may carry the signatory's stamped signature.

A. DEFINITIONS

a. Overpayment

An overpayment is that part of an assistance payment to or for an assistance unit which exceeds the amount for which the assistance unit is eligible. The total payment to an ineligible assistance unit is an overpayment.

b. Overpaid Cases

Current. Current overpaid cases are those cases with identified overpayments currently receiving RDP payments. (If recovery reduces the payment to zero members of the assistance unit are still considered recipients of RDP). The determination of status is based on the status of the cases as of the last day of the quarter being reported upon. The number of overpaid cases are to be entered in the appropriate columns.

Former. Former overpaid cases are those cases with an identified outstanding overpayment which at one time received RDP payment but are no longer receiving payments. The determination of status is based on the status of the case as of the last day of the quarter being reported upon. The number of overpaid cases are to be entered in the appropriate columns.

c. Case Count Overpayments. When overpayments are identified for a case that was overpaid more than once during the quarter, or during the current quarter and other quarters, count the case only once for the purpose of this report.